

FILED FEB 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2068

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 444		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY OR TOWN <u>Bowling Green</u> d. STREET ADDRESS (If rural, give location) <u>16 Locust St.</u>			
3. NAME OF DECEASED a. (First) <u>Mattie</u> b. (Middle) <u>N.</u> c. (Last) <u>Wilhoit</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>1-15-1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>11</u>		11. DAYS <u>29</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
13a. FATHER'S NAME <u>Robert Riggs</u>				13b. MOTHER'S MAIDEN NAME <u>Mary A. Henton</u>		13c. NAME OF HUSBAND OR WIFE <u>Joseph S. Wilhoit</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Palmer Bowling Green</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Endocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-17</u> , to <u>1-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>50</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. H. H.</u> (Degree or title) _____				23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>1-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (city, town, or county) (State) <u>Arkley Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-30-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Emore</u> ADDRESS <u>Bowling Green</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1954

RECEIVED FEB 8 1950
District Health Officer N
District File Number 2-28-
Date Filed FEB 8 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.